



# Lobbyist Registration Application

## State Ethics Commission

205 Jesse Hill Jr. Drive, SE, Suite 478 - East Tower  
Atlanta, GA 30334

**(\*\* All Fields must be completed and legible in order to process registration \*\*)**

### Lobbyist Identification

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

First name for badge: \_\_\_\_\_

Mailing Address (Street) \_\_\_\_\_ (Suite) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Are you an employee of a City or County: Yes No

### Lobbying on Behalf Of

Type of Lobbying (Check all that apply):

State	Local (City/County)	Vendor	<b>ORIGINAL</b> State Agency	<b>AMENDMENT</b>
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Name \_\_\_\_\_

Mailing Address (Street) \_\_\_\_\_ (Suite) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Has the above individual or entity agreed to pay the Lobbyist an amount exceeding \$10,000.00 in a calendar year for lobbying activities? Yes No

General Business or Purpose of Party Lobbied For:  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of state agency or agencies which applicant will lobby: \_\_\_\_\_

If applicant represents a **membership group** other than an agency or corporation state the approximate **number of members**: \_\_\_\_\_

Do You Serve As A Lobbyist For More Than One Organization? Yes No

### Verification by Oath or Affirmation

State of \_\_\_\_\_ County of \_\_\_\_\_

LOBBYIST: I, the undersigned lobbyist, do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I affirm that any lobbyist report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE OF LOBBYIST \_\_\_\_\_

NOTARY PUBLIC (Signature) \_\_\_\_\_

NOTARY PUBLIC (Print Name) \_\_\_\_\_

My Commission Expires \_\_\_\_\_

This document was sworn to or affirmed and subscribed before me on: \_\_\_\_\_, 20

### Authorization

I hereby authorize the applicant named above to lobby on behalf of the undersigned

ORGANIZATION: \_\_\_\_\_

PERSON AUTHORIZING LOBBYIST AND TITLE: \_\_\_\_\_

SIGNATURE OF PERSON AUTHORIZING LOBBYIST: \_\_\_\_\_



**Lobbyist**  
**Electronic Filing Access Code**  
**State Ethics Commission**

205 Jesse Hill Jr. Drive, SE

Suite 478 - East Tower

Atlanta, GA 30334

**PERSONAL IDENTIFICATION NUMBER APPLICATION**

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**Lobbyist Identification - Please Print**

Application Status	NEW	AMENDED
Lobbyist's Name	_____	
Address	_____	
	_____	
City, State Zip	_____	
Telephone	_____	Telephone _____
Email Address	_____	

*I understand this confidential PIN number is assigned to the above lobbyist and only the State Ethics Commission staff and the listed lobbyist will have access to this confidential number.*

**Verification - Must Be Notarized**

State of \_\_\_\_\_, County of \_\_\_\_\_.

**LOBBYIST:** I, the undersigned lobbyist, do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that any lobbyist report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE OF LOBBYIST: \_\_\_\_\_

**NOTARY PUBLIC** (sign name): \_\_\_\_\_

PRINT NOTARY'S NAME: \_\_\_\_\_ My Commission expires: \_\_\_\_\_

This document was sworn to or affirmed and subscribed before me on \_\_\_\_\_, 20\_\_\_\_

***For Office Use Only***

FilerID:

Approved By \_\_\_\_\_ Date \_\_\_\_\_